

STATE OF MARYLAND
BOARD OF EXAMINERS IN OPTOMETRY - PHONE (410-764-4710)
REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION
Under 10.28.02 - Section .05
ONE FORM SHALL BE PREPARED FOR EACH ACTIVITY OFFERED

Name of Sponsor: _____

Address of Sponsor: _____

City _____ State _____ Zip Code _____

Contact Person's Name: _____

Phone#: _____ Email Address _____

Title of activity: _____

Date(s) to be given: _____

Total number of hours requested (do not include breaks) per subject area: (No fractional Hours given)

General _____ Therapeutic _____

Brief description of content: (Enclose brochure or other advertising material).

Describe the intended audience: _____

Names and credentials of presenters (include curriculum vitae, resume, or bio-sketch and evidence of expertise in area of activity):

Once approved, this activity may continue to be offered through **June 30, 2013** unless there is substantive change in content or faculty, in which case a new application is required.

Signature: _____ Title: _____

DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Title of Activity: _____

General hours: _____ COPE Category _____

Therapeutic hours: _____ COPE Category _____

*******BOARD STAFF USE*******

Board Approval Code: _____